

There has not been much legislation going on in this Senate in the last few weeks.

Would it not be nice if we had a good, bipartisan bill that addresses this issue of maternal and infant mortality in time for Mother's Day? There is still time tomorrow for the leader, Senator MCCONNELL, to call this measure to the floor, and I hope he will.

We have to make sure as well—and I will close by saying this—that the Affordable Care Act continues to be a strong opportunity for people to have access to affordable, quality healthcare and to make certain that the lawsuit that emanated from the State of Texas and is now working its way through the Federal courts does not take protection away from Americans with pre-existing conditions. That continues to be a threat we have to take seriously.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

HEALTHCARE

Mr. BARRASSO. Mr. President, it is rare to find Washington Post, Wall Street Journal, and USA TODAY editors all in agreement, but they are all on the same page when it comes to Senator SANDERS' radical scheme for a complete takeover of healthcare in America. All three papers say that the Democrats' single-payer plan—a one-size-fits-all plan for America—is a bad idea. Remember, it is not just Senator SANDERS' plan; nearly every Senate Democrat who is running for President has supported this extreme proposal, as have 180 Members of the House of Representatives.

Post, Journal, and USA TODAY editors are citing last week's report by the Congressional Budget Office as raising a number of alarm bells. USA TODAY calls it a pipe dream. The Post charges Senator SANDERS with deeply misrepresenting how difficult it would be to adopt single-payer healthcare for America. They called it costly. They called it complicated and expensive. The CBO projects in its report on a single-payer plan that government spending on healthcare would increase substantially. They go on to say that to cover the massive cost of government-run care—the Journal says that income taxes of American families would have to at least double.

Added to the expense is the shock of banning virtually all private insurance in this country. There are 180 million working Americans who receive their health insurance through work. Outlawing private health plans would cause a serious disruption, forcing 180 million Americans—working families—from their employer-sponsored health insurance coverage.

The Washington Post notes that these employer-provided plans cover most Americans under the age of 65. The Journal says that any savings would have to come from where the money is, which is cutting payments to doctors and restricting care—restricting care. That restricts treatment as

well as new technologies. Lower reimbursement rates could drive many doctors from practice and shutter many small hospitals in my rural communities and in your rural State, Mr. President. We are talking about problems in our rural communities all across America. The result would be longer wait times and lower quality of care.

To quote the Post, "No matter what Senator SANDERS says, there is no Medicare for all without tradeoffs." Mark my words—Medicare for all would soon become Medicare for none. Democrats' one-size-fits-all healthcare plan—a one-size-fits-all healthcare plan would mean that you would pay more to wait longer for worse care. You would pay more to wait longer for worse care. That is what one-size-fits-all healthcare looks like for Americans, for people all across the country.

This single-payer plan means major tax hikes to cover massive costs. It means much longer lines for lower quality care. It means the elimination of private health insurance for Americans. It also means the end of the Medicare Program that seniors rely upon and so many depend on, on a daily basis. That is where I want to focus some of my remarks today—our seniors' healthcare needs and why it is so important to protect their Medicare benefits that they have paid into over their entire working lives.

For seniors today, there are 60 million of them who rely on the Medicare Program. Medicare is nothing less than a medical lifeline. Yet, if the Democrats impose socialized medicine on the entire country, seniors will quickly find Medicare replaced by a massive, new, government-run, one-size-fits-all program—a system that lowers the quality of care for them and makes it harder to get the care they need.

These older Americans worked hard their entire lives, put in the effort, and each month or each week had money deducted from their paychecks that went into paying for Medicare. They have paid into this Medicare system for decades. The average for a couple in America—they have paid in about \$160,000 in terms of withdrawals from their paychecks over the course of their working lives. They deserve nothing less than what they paid for, that they paid into.

For more than 50 years, Medicare has helped countless seniors live healthier, more productive lives. Does Medicare face challenges? Absolutely. There is no question about that. But ending Medicare as we know it would not solve our healthcare problems; it would simply make them much worse—certainly for the 60 million Americans currently on Medicare.

I have seen Medicare's value as a doctor. While practicing medicine in Wyoming for decades, I saw firsthand how effective Medicare is in helping patients receive the care they need.

Now, as a Senator, I talk with seniors back home in Wyoming all of the time

and listen to their healthcare concerns. The week before last, I was at two different health fairs in Wyoming, where people can go for low-cost blood screenings and learn more about diabetes, stroke, heart disease, and proper diet. I visited with people in Rawlins, WY, and Mountain View, WY. Hundreds of people came out. There were 1,500 people at the Rawlins health fair.

People in Wyoming actually know me as a doctor first and as a Senator second, and above all, they count on me to protect their Medicare. That is my concern with this one-size-fits-all approach the Democrats have been proposing. People in Wyoming want to make sure that I keep Medicare strong, keep fighting for them, because the current system allows them to get to the doctor they need.

In Wyoming, where people live far away and the hospitals are few and far between, we know that with a program like this—and certainly from the CBO report last week—small hospitals will very likely close.

Almost 90 percent of Medicare patients say that they like the program and that it works well for them. There is nearly 90 percent approval. Members of the Senate would be astonished and happy with those sorts of approval numbers for themselves. It is a program that is working for them, and now what is being proposed by the Democrats is going to absolutely have devastating effects on Medicare and our patients on Medicare.

We need to do more to lower the cost of care for all Americans, but we need to protect Medicare. To put all of these new people on a Medicare Program is going to make it that much harder for our seniors who are currently on Medicare.

Medicare partners with private health insurers to provide seniors with better, more affordable care. It is a program called Medicare Advantage. There are 22 million American seniors who are on this Medicare Advantage Program. Nobody forces them to sign up; they choose it simply because, as the name implies, there are advantages to participating in Medicare Advantage in terms of preventive care and in terms of coordinating care. Our seniors look at these plans and say: You know, that is right for me. It provides value for my money. I enjoy what I get.

So it is no surprise that since 2010—things came along, and ObamaCare was passed—the number of seniors in Medicare Advantage has more than doubled, because it is a good program for them. Nevertheless, all 22 million people currently on Medicare Advantage would lose Medicare Advantage if the Democrats' one-size-fits-all approach to healthcare—which 180 Members of the House have cosponsored and which the Senate Democrat candidates for President are cosponsoring—were to pass. But that is what the Democrats are proposing—taking Medicare Advantage away from 22 million Americans.

In January, I joined a bipartisan group of Senators in sending a letter to

the Centers for Medicare & Medicare Services urging support for Medicare Advantage. Ironically, 6 of the 22 Democrats who signed this letter have now flip-flopped back to this far-extreme-left proposal to outlaw private health insurance in America. That is what they are running for President on and promoting today.

Medicare works with private insurers to make seniors' prescription drugs more affordable as well. This program is called Medicare Part D. More than 43 million seniors participate in Part D plans. Again, it is voluntary. How do we know it must be a good program? Because that many people see value in the program, and they have signed up for it. Can we improve the prescription drug program? Absolutely. We are working right now to lower prescription drug costs. We have already eliminated the gag order, where pharmacists couldn't talk to patients. We have done the right thing there.

So why are the far-left Democrats attempting to destroy private health plans? I mean, it is astonishing. Why do they want to end Medicare as we know it? Why do they want to turn Medicare for our seniors into Medicare for None?

Well, while "free healthcare" may make for a catchy campaign slogan, it is unfair to deceive the American people, especially our seniors. To quote the editor of the Wall Street Journal, "Voters should know Sanders is promising miracles when what he'll deliver is poorer care for everyone."

So here we have it. The Congressional Budget Office came out with its study about what the impacts will be. The Washington Post, the Wall Street Journal, USA TODAY—all of them say this is not right for America.

Let's be clear. All Americans will pay a high price for Democrats' one-size-fits-all, government-run healthcare scheme, and I actually think seniors may suffer the most. It is clear to me that with a one-size-fits-all healthcare plan, people will pay more to wait longer for worse care.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

(The remarks of Ms. SMITH pertaining to the introduction of S. 1359 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER (Mr. ROMNEY). The Senator from Texas.

PRESCRIPTION DRUG COSTS

Mr. CORNYN. Mr. President, yesterday the Senate Judiciary Committee held a very important hearing on how we can bring down prescription drug prices for American families without sacrificing the innovation that has made our country a world leader in new drug development. That is quite a challenging balance to strike.

As I travel my State, I have heard from my constituents about their increasing inability to get their hands on

the medications they need at a price they can afford—not because no treatment exists, not because they don't have insurance, and not even because it is a pricey, brandnew drug. Patients can't afford their prescriptions because the prices are going up at an alarming rate, with little evidence or justification to back some of the price hikes.

I heard from one Texas pharmacist who was shocked by the dramatic price increase of drugs that had been available for years. She told me about one popular antibiotic that once cost \$3 for 1,000 tabs. She said now it costs more than \$1,200 for the same amount—\$3 to \$1,200. What is the justification for that? Well, we are left to wonder and speculate, and that is part of the reason for the investigation being undertaken now by the Finance Committee and other Senate committees.

These costs have been so overwhelming that some of my constituents will cross the border to go to Mexico to try to buy prescription drugs there. A man from Rockport, TX, told me one of his prescriptions cost about \$1,000 each month in the United States. But if he drives a few hours to Mexico, he can get what he thinks is that same medication from what he thinks is the same manufacturer for about \$160—\$1,000 versus \$160. Of course, what we don't know is whether it is a counterfeit, whether it is not only ineffective to deal with the condition that he is taking the medicine for but whether it might poison him. So this is a challenging issue with no easy answers.

I know one thing. I know my constituents are frustrated by these confusing price hikes. They don't understand the dramatic price differences from one retailer to another, and I have heard them loud and clear because I don't understand it either. We know that something needs to be done to rein in the high costs before medication becomes a luxury only for those who can afford it.

Since the beginning of this new Congress, the Senate Finance Committee has held a series of hearings to examine what is behind these rising costs. We have heard from all of the major players in the supply chain and asked some long overdue questions.

The Senate Judiciary Committee has begun looking into how to bring these prices down, specifically by stopping pharmaceutical companies who game the patent system. Patents play a very important role in our economy. They are recognized in the Constitution itself, and when somebody discovers something new and wonderful that helps improve all our lives, they are entitled to reap the benefits from that.

Companies, we know, pour extensive time and funding into the research and development of new medications. For example, yesterday, Dr. Jim Allison from MD Anderson Hospital was in to see me. He recently got the Nobel Prize for his research in immunology and new treatments for cancer. Over the course of our history, the treatments

for cancer have been almost as tough as the cancer itself, whether it is surgery or radiation or chemotherapy. What he has discovered—thanks to the grants by NIH that have helped pay for the research—is a new way to use the body to turn on the cancer itself without the patient receiving additional drugs or radiation or surgery to deal with it. It is just amazing. So I do think we need to continue to encourage that sort of innovation and research. And when companies do pour extensive time and funding into that research and a patent allows them to recover that funding once the drug hits the market, that is a good thing.

We are increasingly seeing some companies abuse this system in order to retain exclusivity over a drug for much longer than the patent would ordinarily provide and preventing more affordable generics or biosimilars from entering the market and competing. From what I have been told by some in the pharmaceutical industry, about 90 percent of the common prescriptions that we take are now generic, and they are pretty inexpensive, relatively speaking. I know that is the case for me, and I believe that is likely true. But for the 10 percent that are still branded, some of those drug prices go through the roof.

Then you have an aberration like insulin that has been available for decades, which, through some sort of mystery, an opaque way of pricing, still may cost somebody as much as \$1,000 or \$1,200 a month for their copay. That doesn't make any sense to me because if we are trying to protect innovation, that argument no longer applies to a drug long ago discovered and essential to the life of diabetics.

The chemical formula of the actual drug is not the only thing that can be patented, and that is part of the problem. Manufacturers can get additional patents for follow-on inventions or innovation, which is a new manufacturing method or a new formulation or a new application to a new and different disease. Some of that, I think, is certainly understandable and should be protected. I don't believe that each of these additional patents is inherently wrong, but the reckless abuse of the system and the way they can be structured sometimes is.

I will be introducing a bill soon that aims to curb major drug companies' anti-competitive use of patents to prevent generics or biosimilars from entering the market to promote greater competition and lower prices. This legislation would properly define two terms to describe how drug companies are abusing the system and provide the Federal Trade Commission with authority to take action.

The first term it would define is "product hopping," which occurs when a company develops a reformulation of a product that is about to lose exclusivity and then pulls the original product off the market, preventing entry of a generic alternative. This may be just